

CITY OF WOODBINE, GEORGIA

APPLICATION FOR OCCUPATIONAL TAX CERTIFICATE

Date of Application: \_\_\_\_\_

Name of business: \_\_\_\_\_

Owner/Representative: \_\_\_\_\_

SSN#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

**E Verify #:** \_\_\_\_\_ Type of Business: \_\_\_\_\_

Date Business Opened: \_\_\_\_\_ Number of employees (not including owner): \_\_\_\_\_

Location of Business: \_\_\_\_\_

Federal ID #: \_\_\_\_\_ State ID #: \_\_\_\_\_

Health Dept. #: \_\_\_\_\_ Sales Tax ID: \_\_\_\_\_

Will This Business Sell Beer, Wine, and/or Alcohol? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, you must also apply for the appropriate alcohol license.

CERTIFICATION

\_\_\_\_\_, *certify the above information to be true and accurate. I understand that the Federal agencies are met. I agree to abide by all building codes, including but not limited to American with Disabilities Act. I agree to secure any and all applicable required permits.*

*If this application is for a proposed business, the location of same will be in an area zoned for such business. If a suitable location is not found in a properly zoned area, the application shall become void unless the location is rezoned in accordance with the provisions of the Woodbine Zoning Ordinance.*

*I also understand that the certificate must be displayed in the place of business and that renewal must be paid prior to December 31 of each year.*

*I hereby agree and consent, pursuant to public law 93-579 of the Privacy Act of 1974 that the disclosure of information obtained in this application may be submitted to any agency of the City, County, State and Federal governments for the purposes of obtaining the necessary information to process this application.*

*I understand that in accordance with Georgia law O.C.G.A. Section 50-36-1 all cities must obtain an affidavit verifying citizenship status from any person or business who wishes to apply for a "Public Benefit" as that term is defined by Georgia Law. Business Licenses are included in this category.*

*I have read and understand the terms of this application.*

Signature: \_\_\_\_\_

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SECTION II PERMITS  
(TO BE COMPLETED BY THE BUILDING INSPECTOR)

Not Applicable

Certificate of Occupancy: \_\_\_\_\_

Building Permit Met: \_\_\_\_\_

Sign Permits: \_\_\_\_\_

Approval By: \_\_\_\_\_ Date: \_\_\_\_\_

Health Department Permit (if applicable): \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

SECTION III. ZONING  
(TO BE COMPLETED BY THE PLANNING/ZONING DEPARTMENT)

Not Applicable

Current Zoning District: \_\_\_\_\_

Appropriate Zoning District: \_\_\_\_\_

Approved by: \_\_\_\_\_

Variances (if applicable): \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

SECTION IV, CERTIFICATE INFORMATION  
(TO BE COMPLETED BY BUSINESS LICENSE OFFICE)

Certificate Issued: \_\_\_\_\_ Administrative Fee: \$ \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Employee Fee: \$ \_\_\_\_\_

Business type Code: \_\_\_\_\_ Regulatory Fee: \$ \_\_\_\_\_

Total Fee for Certificate: \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_

Date Business License Printed: \_\_\_\_\_ License #: \_\_\_\_\_

SAVE Affidavit Submitted:  Yes  No Date Save Verified (if applicable): \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_